

Name: _____ Date: _____ UTC ID: _____

Individual Studies/Research Contract

Office of the University Registrar, 125 University Center
615 McCallie Avenue, Dept. 5155
Chattanooga, TN 37403
Ph: (423) 425-4416 Fax: (423) 425-2172

This form must be submitted when registering for any individualized course including 4994r, 4995r, 4997r, 4998r, 5997r, 5998r, or 7997r course. If additional space is needed, please provide attachments.

Course Title: _____

Department, Course #, Section: _____ CRN: _____

Credit Hours: _____ Year: _____ Semester: (check one) Fall Spring Summer

Completion Date: _____ Faculty Director: _____

Please Describe:

(A) Nature of individualized study: _____

(B) Specific responsibilities and/or learning objectives of student _____

(C) Criteria which will be used for evaluation and grading of this project: _____

(D) Arrangements and frequency of meetings with faculty director of this specialized course: _____

Student: Please photocopy approved form and distribute copies to:

- Office of the University Registrar (Original form)
- Department Head
- Student

I, _____ understand that I will not be registered in the course listed above until the faculty director and department head have signed and this form is submitted to the Office of the University Registrar. I also understand that once I am registered for this course, I am responsible for all fees.

This form must be submitted to the Office of the University Registrar by the deadline to register for courses listed on the Academic Calendar.

Student's Signature

Date

Faculty Director's Signature

Date

Department Head's Signature

Date

Director Honors Program or Designee (required for 4995 registrations only)

Date